

Rhode Island's Syringe Exchange Program (ENCORE)

E. Timothy Latta, MPH

From 1983 to 1999, 749 out of the 1,968 total AIDS cases diagnosed in Rhode Island (38%) identified injecting drug use (IDU) as their primary risk factor for the disease. This makes IDU the most significant risk factor for AIDS in Rhode Island residents, exceeding men who have sex with men (MSM) and more than doubling the number of cases attributed to heterosexual sex. Rhode Island's overall rate of AIDS cases with a primary risk factor of IDU has been substantially higher than the national figure for many years. (Figure 1)

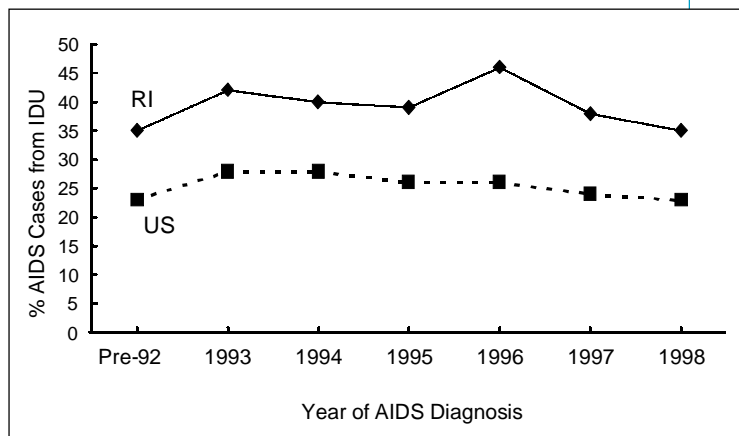


Figure 1. Percentage of AIDS cases attributed to IDU, RI vs. US, 1983-1998.

In response to this escalating problem, Rhode Island initiated a comprehensive program that incorporates education, needle exchange, counseling, outreach, and referrals (ENCORE) for injecting drug users in the state. Established in April 1995, ENCORE is a Rhode Island Department of Health program administered by the Office of HIV & AIDS and coordinated by AIDS Care Ocean State. ENCORE was established to reduce the syringe sharing and other high-risk behaviors that place injection drug users and their sexual partners at risk of contracting blood-borne diseases.

The ENCORE program is a "one-for-one plus one" exchange; individuals must have a syringe to exchange for a new syringe. All enrollees are given a pre-enrollment inter-

view for evaluation purposes. At these interviews, information on risk factors is collected. In order to protect client confidentiality, each participant is assigned a unique client code during the initial enrollment.

While needle exchange programs have traditionally encountered significant opposition, strong support by the public health and medical communities for these programs has been well documented. Research has shown that IDUs using syringes obtained from needle exchange programs have lower rates of HIV incidence compared to IDUs using syringes obtained from the illicit market.¹ Studies have repeatedly shown that needle exchange programs do not encourage increased drug use, and many even show decreases in injection frequency.² A mathematical model constructed by researchers in New Haven, CT, estimates that new HIV incidence can be reduced by an estimated 33% in needle exchange program clients.³ A CDC-sponsored research team later suggested that this may be an underestimate.²

While the ENCORE program has reached only a fraction of the estimated 10,000 injecting drug users in Rhode Island, its effect has been significant. From April 1995 through December 1999, over 1,500 individuals were enrolled into the ENCORE program. 78% of the clients were residents of Providence County, from where 82% of the state's AIDS cases were reported. At enrollment, 99% of ENCORE clients indicated that they had reused syringes while injecting drugs and 48% had shared syringes with another person. 21% of clients had shared syringes more than 10 times in the month prior to enrollment in ENCORE.

The risk of disease transmission is extremely high in this population, as clients inject drugs an average of 71 times in the 30 days before enrollment.

In 1998, a follow-up analysis was undertaken with ENCORE clients to evaluate the effectiveness of the program and its impact on the risk-taking behaviors. The follow-up involved 123 clients who had remained in the program for at least one month and completed a post-enrollment questionnaire. The demographic and risk factors at enrollment were highly representative of the general ENCORE population at enrollment.

The follow-up analysis showed that the number of EN-

Health by Numbers

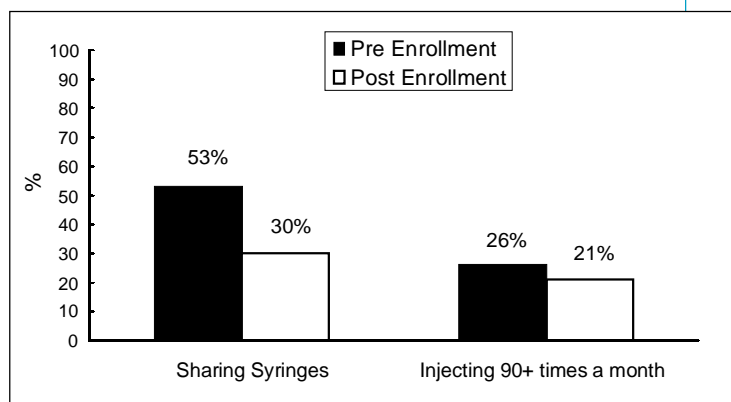


Figure 2. Comparison of ENCORE enrollees sharing syringes and injecting with high frequency, before and after enrollment.

CORE clients reusing needles 30+ times decreased by 50% after enrolling in ENCORE. The frequency of syringe sharing overall fell from 53% of clients to 30%. (Figure 2) Clients with the highest frequency of injections (90+ times a month) and therefore those at highest risk, decreased their injection frequency by 19% after enrollment in ENCORE.

The reduction of at-risk behaviors in ENCORE clients was not limited to injecting drug use behavior only. Enrollees completing the follow-up were more likely to use condoms with their sexual partners, to utilize alcohol swabs to clean the injection site, and to enroll in drug rehabilitation or counseling programs. (Figure 3) It must be noted, however, that this follow-up analysis was cross-sectional, and therefore these findings cannot be projected as sustained behaviors beyond the time of the follow-up survey.

Over five years, the ENCORE program has implemented a harm-reduction model in a population at high risk for HIV, hepatitis B and C and other bloodborne infections. Staffed almost entirely

by volunteers, the ENCORE program has reached a population once thought unreachable. With the implementation of new legislation curbing the penalties for syringe possession and the continued expansion of the ENCORE program, it is hoped that fewer residents of Rhode Island will be contracting HIV and other diseases from infected syringes.

E. Timothy Latta, MPH, is Senior Public Health Epidemiologist, Office of HIV & AIDS, Division of Disease Prevention and Control.

References

¹Des Jarlais DC, Marmor M, Paone D, et al. HIV incidence among injecting drug users in New York City syringe-exchange programs. *Lancet* 1996;348:987-91.

²Lurie P, Reingold AL, Bowser B, et al. *The Public Health Impact of Needle Exchange Programs in the United States and Abroad*. Prepared for the Centers for Disease Control and Prevention. October 1993.

³Kaplan EH, O'Keefe E. Let the needles do the talking! Evaluating the New Haven needle exchange. *Interfaces* 1993;23:7-26.

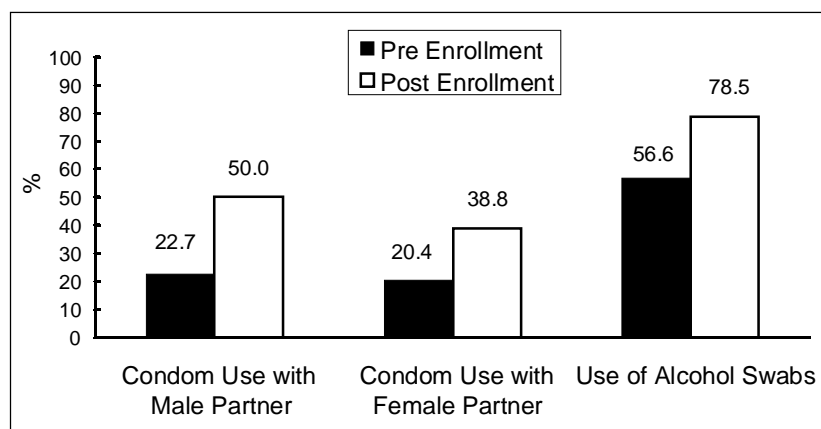


Figure 3. Comparison of ENCORE enrollees for harm reduction behaviors, before and after enrollment.

Originally published in the July 2000 issue of *Medicine & Health / Rhode Island*



produced by
Rhode Island Department of HEALTH
design: Richard Bolig

For more information, contact:
Rhode Island Department of Health
Office of Health Statistics
3 Capitol Hill
Providence, Rhode Island 02908
telephone 401 222-2550